

Electronic Health Records System

Project Name: Electronic Health Records System

Agency: Department of Corrections Division: Clinical Services

Awarded Vendor: NaphCare

Executing: 30% Complete

Purpose: Montana Department of Corrections has a Strategic Information Technology Plan and part of that plan is an Electronic Health Record (EHR) IT Project. The EHR replaces paper-based medical charts. EHR will allow Clinical Services Division (CSD) to make changes due more efficiently to Federal and State policy as well as support new health care initiatives that otherwise may not be implemented in a timely manner and in some cases can't be supported at all. Automation of medical services at facilities improves the quality of patient care, accuracy of diagnosis, care coordination, and increases efficiencies and cost savings.

High Level Type of Project:

- COTS solution in the cloud
- Detailed RFP including functionality required
- Support going forward for years
- Limited need for DOC IT Resources
- Going from Paper to Electronic
- Make use of expertise from vendor
- Follow standards from National Commission of Correctional Healthcare (NCCHC)
- A relatively short time for delivery

Charter (Review Full Document)

- Contents
 - Document Version History
 - Document Acronyms and Terminology
 - 1. Project Signatures
 - 2. Project Charter
 - Project Overview and Background
 - Project Goals and Objectives
 - Project Stakeholders
 - Project Team Roles and Responsibilities
 - Project User Acceptance Approach
 - High Level Deliverable & Schedule
 - Assumptions, Constraints & Special Consideration

- Assumptions
 - Constraints
 - Project Impact
 - Basic Business Process Changes
 - Dependencies with Other Projects/Initiatives
- Project Charter
 - Project Overview and Background
- Main purpose is to provide a high-level understanding of the project
- Used for providing information for completing the LFC (Legislature Finance Committee) and other requests for information.

Microsoft Teams

COR PMO EHR Implementation

- Old historical records from EHR before NaphCare's contract was signed.
- Project Documents that are internal to just DOC i.e. Charter
- Only use 2 percent of the time

COR ALL EHR

- Current documentation on Requirements, Interfaces, etc.
- Available to all users and where the collaboration takes place
- User about 90 % of time
- Areas
 - General
 - Things that do not go anywhere else i.e. logo, vacation schedule
 - Interfaces
 - Excel spreadsheet with current status on interfaces
 - Meetings
 - Meeting notes and agenda
 - Project Documents
 - Quick Project Status or Timeline
 - Requirements
 - Most current requirement document(s)
 - TechCare Lists
 - Tracking requests from NaphCare for data (Status: Started, Reviewed, Loaded)
 - Training
 - User Acceptance Testing
 - Visio Diagrams

COR EHR Steering Committee

- Only available to Steering Committee with members from NaphCare and DOC

How the Project Plan is being used

- Full Plan
- Key Milestones

Templates for Project Diagrams

- Communication Plan
 - Introduction
 - Identify the Stakeholders
 - Individuals on the Project Team and Contact Information
 - Types of Communications
 - The Frequency and Means of Communicating
 - Scheduling
 - Special Approvals
- Risk Log

The Risk Management Register for Electronic Health Records

Note: The occurrence of many of the identified risk events may initiate the Change Management process.

The Risk Management and Change Management processes have been integrated and any Contingent Action listed below may result in the initiation of the change control process.

| Risk ID | Date Raised | Affected Areas | Impact | | | Description of Risk/Impact | Counter Measures | Contingent Actions (In Case Risk Comes About) |
|---------|-------------|----------------|-------------|----------|------------|--|---|---|
| | | | Probability | Severity | Importance | | | |
| 16 | 1/13/21 | | 2 | 2 | 4 | Schedule (and Impacts) | o Regularly update schedule and address impacts to schedule changes. | Change Management |
| 26 | 1/13/21 | All | 2 | 2 | 4 | COVID | Follow guidelines | |
| 9 | 1/13/21 | | 1 | 3 | 3 | Data Disaster Recovery and Security | o Backup (disaster and contingency) plans o Have IT review vendors plans | Begin disaster/recovery processes |
| 25 | 1/13/21 | | 2 | 1 | 2 | Implementation / Updates of other Products; Integration with Other Systems | o Be aware of upcoming releases and their impact to manpower o Early planning for resources o Identify systems which could have an impact o Add owners of systems to communication plan o Make sure active representative on other teams o Each committee look for potential risks and interfaces with other systems | Change Management (Likely cost or schedule impacts) |
| 21 | 1/13/21 | | 1 | 2 | 2 | Insufficient Training | o Use customized training o Detailed training plan o Use train- the-trainer o Track that users receive training | Revisit training plan. Change Management |

Optional Additional Fields for Risk Register

| Date | Status | Current Activity | Outcome of Counter Measure (Lessons Learned) |
|------|--------|------------------|--|
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- Decision Log

The Decision Log for Electronic Health Records

The decision log helps keep stakeholders aware of changes to requirements, budgets, or the schedule, and also reminds them of those previously made and their justifications. Significant decisions that make changes to the requirements or budget should be recorded.

| Decision ID | Date | Priority | Summary | Justification |
|-------------|---------|----------|---|--|
| 1 | 2/24/21 | M | Keep notes on every meeting and make them available to team | To keep the team informed. |
| 2 | 1/27/21 | H | Implement all at once and not in phases | Hard to only partially implement as the whole system is integrated |
| 4 | 2/4/21 | M | The budget is available for | |